

## CHAPTER 13

### SECTION 2.3

## MEDICAL GROUPS

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#### I. ISSUE

How are medical groups to be reimbursed?

#### II. POLICY

A. Allowable charges for services rendered by members of a group of professional providers who conduct their practices in a joint facility for the purpose of diagnosing and/or treating patients, etc., shall be determined on essentially the same basis as allowable charges for physicians in solo practice. The amount of reimbursement made under TRICARE/CHAMPUS will not be affected by any salary arrangements or other arrangements for the disposition of income made within the group.

B. Where all the members of a medical group make the same standard charge for similar services, the group has what is, in effect, a group charge. However, where the members of the group do not routinely make the same charges for similar services, the actual charges of each physician must be used in the determination of prevailing charges.

C. See [Chapter 13, Section 10.1](#) if the group is a preferred provider organization (PPO).

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